



ALARM REGISTRATION BLOCK PERMIT ORDER FORM

(please type or print)

Date _____

Alarm Business Information

Wichita Business License Number _____

Alarm Business Name _____

Contact Person _____

Alarm Business Address _____

City, State, Zip _____

Mailing Address (if different from above) _____

City, State, Zip _____

Phone Number (____)_____

Fax Number (____)_____

Monitoring Business Call Back Number (____)_____

Monitoring Business Name (if different from above) _____

Monitoring Business Contact _____

Monitoring Business Mailing Address _____

City, State, Zip _____

Monitoring Business Phone Number (____)_____

Monitoring Business Fax Number (____)_____

Number of Pre-Numbered Alarm Registration Permits
Requested: _____

Times the Cost of Each Permit: _____

\$10.00

Total Payment to Remit: _____

\$

Send this form (along with total payment due) to the address below:

City of Wichita
P. O. Box 300014
Raleigh, NC 27622
(800) 773-2673

ALL FIELDS IN THIS FORM MUST BE COMPLETED!